									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR									DOC - 1000 -0038					
Effective October 1, 2000										7910	2	<i>70</i> G	193)	
CLAIMS AS FILED - PART I SMA										ПТҮ	,	OTHER	THAN	
<u> </u>			(Column	1)	(Colu	ımn 2) TYP		TYPE			OR	SMALL		
TOTAL CLAIMS			Left					RATE	= [FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355.0		355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			CC minus 20=		24			X\$ 9=			OR	X\$18=	432	
INDEPENDENT CLAIMS			6 minus 3 =		3 .			X40=			OR	X80=	2100	
MU	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+135=			OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	+		OR	TOTAL	_	
CLAIMS AS AMENDED - PART II											I ~	OTHER	THAN	
Column 1) (Column 2) (Column 2)						(Column 3)		SMAL	L EI	YTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING · AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 44	Minus	••	74	=	Ì	X\$ 9=	-		OR	X\$18=		
	Independent	6	Minus	•••	6	=	Ì	X40=	1		OR	X80=		
Ш	FIRST PRESE	NTATION OF MI	JUTIPLE DEI	PENDENT	CLAIM			+135=			OR	+270=		
									AL -		I	TOTAL		
		(Caluma 4)		/O-1	O\	(O-1 O	A	VDDIT. FE	E		OR _.	ADDIT. FEE		
AMENDMENT B		(Column 1) CLAIMS		(Colur HIGH		(Column 3)	ı		_	4 D D 1				
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9=			OR	X\$18=		
	Independent	NTATION OF M	Minus	***	CI AINA]=		X40=			OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR	+270=		
• L									T L		OR ,	TOTAL ADDIT, FEE		
		(Column 1)		(Colur	nn 2)	(Column 3)		DDIT. FE	_		•	NOON, FECS		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	TI	ADDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=			OR	X\$18=		
	Independent	•	Minus	***		=	 	X40=	+			X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							7 70	+		OR	∧ov=		
+135=											OR	+270=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE											or ,	TOTAL ADDIT, FEE		
1	The "Highest Num	mber Previously Pai ber Previously Pai	d For (Total or	o space is Independe	ent) is the	n 3, enter "3." highest numbe				priate box				

FORM PTO-875 (Rev. 8/00)

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